

Fill in this Information to identify the case:

Debtor 1 Dia Marie Moon  
First Name Middle Name Last Name

Debtor 2 \_\_\_\_\_  
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: District of Nevada

Case number: BK-S-21-14986-MKN

**Form NVB 1340 (12/19)**

**APPLICATION FOR PAYMENT OF UNCLAIMED FUNDS**

**1. Claim Information**

For the benefit of the Claimant(s)<sup>1</sup> named below, application is made for the payment of unclaimed funds on deposit with the court. I have no knowledge that any other party may be entitled to these funds, and I am not aware of any dispute regarding these funds.

Note: If there are joint Claimants, complete the fields below for both Claimants.

Amount:	\$ 7,385.73
Claimant's Name:	Dia Marie Moon
Claimant's Current Mailing Address, Telephone Number, and Email Address:	6197 Forever Dawn Street Las Vegas, Nevada 89148 702-280-0118 Diamoon702@gmail.com

**2. Applicant Information**

Applicant<sup>2</sup> represents that Claimant is entitled to receive the unclaimed funds because (check the statements that apply):

- ☒ Applicant is the Claimant and is the Owner of Record<sup>3</sup> entitled to the unclaimed funds appearing on the records of the court.
- ☐ Applicant is the Claimant and is entitled to the unclaimed funds by assignment, purchase, merger, acquisition, succession or by other means.
- ☐ Applicant is Claimant's representative (e.g., attorney or unclaimed funds locator).
- ☐ Applicant is a representative of the deceased Claimant's estate.

<sup>1</sup> The Claimant is the party entitled to the unclaimed funds.

<sup>2</sup> The Applicant is the party filing the application. The Applicant and Claimant may be the same.

<sup>3</sup> The Owner of Record is the original payee.

**3. Supporting Documentation**

☒ Applicant has read the court's instructions for filing an Application for Unclaimed Funds and is providing the required supporting documentation as a supplement to this application. If applicant is filing electronically, supporting documents must be filed using the correct docket event.

**4. Notice to United States Attorney**

☒ Applicant has sent a copy of this application and supporting documentation to the United States Attorney, pursuant to 28 U.S.C. § 2042, at the following address:

Office of the United States Attorney District  
of Nevada  
501 Las Vegas Boulevard South, Suite 1100  
Las Vegas, Nevada 89101

**5. Applicant Declaration**

Pursuant to 28 U.S.C. § 1746, I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

Date: March 3, 2023

DMoon

Signature of Applicant

Dia Marie Moon

Printed Name of Applicant

Address: 6197 Forever Dawn St.  
Las Vegas, Nevada  
89148

Telephone: 702-280-0118

Email: Diamoon702@gmail.com

**5. Co-Applicant Declaration (if applicable)**

Pursuant to 28 U.S.C. § 1746, I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

Date: \_\_\_\_\_

Signature of Co-Applicant (if applicable)

Printed Name of Co-Applicant (if applicable)

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

**6. Notarization**STATE OF NevadaCOUNTY OF Clark

This Application for Unclaimed Funds, dated 3/6/23 was subscribed and sworn to before me this 3 day of March, 2023 by

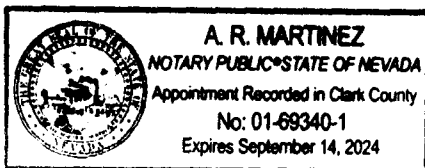
Dia Marie Moon

who signed above and is personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument. WITNESS my hand and official seal.

(SEAL)

Notary Public

My commission expires:

9/14/24

Please attach notarization as a separate document if needed.

**6. Notarization**

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

This Application for Unclaimed Funds, dated \_\_\_\_\_ was subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by

who signed above and is personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument. WITNESS my hand and official seal.

(SEAL)

Notary Public \_\_\_\_\_

My commission expires:

Please attach notarization as a separate document if needed.

LEWIS & CLARK  
UNIVERSITY  
LIBRARY  
ST. LOUIS, MO 63103  
314-917-1234